

100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230 217-452-3022 www.casscomm.com 800-508-5405

REDACTED - FOR PUBLIC INSPECTION

Via ECFS

June 26, 2017

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 Twelfth Street S.W. Room 5-A225 Washington, D.C. 20554

RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NO. 14-58, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION (FILED IN DOCKET 14-58) AND CONFIDENTIAL FINANCIAL INFORMATION FILED PURSUANT TO SECTIONS .457 AND .459 OF THE FEDERAL COMMUNICATIONS COMMISSION RULES

Dear Ms. Dortch,

Cass Telephone Company (Cass) hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" financial information pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). Cass maintains that this information is "Confidential Financial Information" on the grounds that it is competitively sensitive information which could be used to disadvantage or harm Cass, and is submitting this information pursuant to Protective Order, DA 16-296 as described below.

First, Cass is submitting the 54.313(f)(2) "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION, and also submitting the .457 and .459 "Confidential Financial Information" as a "Stamped Confidential Document" with each page labeled

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION". The original and one copy of the "Stamped Confidential Document(s)" and accompanying cover letter are enclosed.

Second, Cass is submitting the "Stamped Confidential Document(s)" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. The original and one copy of the "Redacted Confidential Document(s)" and accompanying cover letter with each page labeled "REDACTED - FOR PUBLIC INSPECTION" are enclosed.

FCC Form 481 also will be filed prior to July 1st with the Illinois Commerce Commission.

Please contact me with any questions you have on this filing.

Sincerely,

Jennifer Brue

Accounting Department

Cass Telephone Company

(217) 452-7800

jennifer.brue@casscabletv.com

Enclosures

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jennifer Brue	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jbrue@casscomm.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	340984				
<015>	Study Area Name	CASS TEL CO				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue				
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com				
<210>	<210> For the prior calendar year, were there any reportable voice service outages? Yes					

<220>

>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
										•		
						5	ee attached	 				
						wo	rksheet					

	fulfilled Service Request ection Form			c	CC Form 481 DMB Control No. 3060-0986/OMB Contro	l No. 3060-0819
				Jı	uly 2013	
<010>	Study Area Code		340984			
<015>	Study Area Name		CASS TEL CO			
<020>	Program Year		2018			
<030>	Contact Name - Person USAC should contact regarding this	data	Jennifer Brue			
<035>	Contact Telephone Number - Number of person identified	in data line <030>	2174527800 ext.			
<039>	Contact Email Address - Email Address of person identified	in data line <030>	jbrue@casscomm.com			
<300> U	nfulfilled service request (voice)		0			
<310> [Detail on attempts (voice)					
		Nam	e of Attached Document			
<320>	Unfulfilled service request (broadband)		0			
<330>	Detail on attempts (broadband)					_
		Name of Attached Document				

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 340984	
<015>	Study Area Name CASS TEL	20
<020>	Program Year 2018	
<030>	Contact Name - Person USAC should contact regar	ling this data Jennifer Brue
<035>	Contact Telephone Number - Number of person ic <030>	entified in data line 2174527800 ext.
<039>	Contact Email Address - Email Address of person in <030>	entified in data line jbrue@casscomm.com
<400>	Select from the drop-down list to indicate how you voice complaints (zero or greater) for voice telephocalendar year for each service area in which you are any facilities you own, operate, lease, or otherwise	ny service in the prior Offered only fixed voice edesignated an ETC for
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you end-user customer complaints (zero or greater) fo the prior calendar year for each service area in wh an ETC for any facilities you own, operate, lease, o	broadband service in Offered only fixed broadband ch you are designated
<440>	Complaints per 1000 customers for fixed broadbar	d 0.0
<450>	Complaints per 1000 customers for mobile broadb	and

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes	
		340984IL510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

Service Quality Standards Compliance

Per Subpart A, Section 730.100 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code, Cass Telephone Company is required to meet the service quality standards contained in Section 730. Subpart E of this section addresses "Standards of Quality of Service". Subpart A, Section 730.115 requires the quarterly reporting of various installation, repair and answer time data for Illinois Commerce Commission and public review.

Consumer Protection Rules Compliance

Cass Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carrier, and Federal Trade Commission Red Flag rules to prevent identity theft. A Company Manual for CPNI and Red Flags is in place and employee training is conducted annually. New hires are instructed on the programs as required by their job functions.

•	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	

Yes 340984IL610.pdf

 $<\!\!600\!\!> \quad \text{Certify compliance regarding ability to function in emergency situations}$

<610> Descriptive document for Functionality in Emergency Situations

340984IL610

Cass Telephone Company (Cass) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and Subpart A, Section 730.325 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.

Description of Functionality in Emergency Situations

- 1) Cass has an emergency plan in place per Subpart A, Section 730.325(a) of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.
- 2) Cass has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, Cass has two wire centers. The Virginia central office has a natural gas powered generator backing up a 48 volt battery system which is capable of powering the equipment for 8 hours with no outside power source. The Easton central office has a natural gas powered generator backing up a 48 volt battery system. All remote cabinets have batteries capable of lasting 8 to 10 hours with no outside power source and are equipped with connections for a portable generator. Voice service is powered off either the serving central office or the closest remote cabinet.

(700) Price Offerings including Voice Rate Data	FCC Form 481		
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> Study Area Code	340984		
<015> Study Area Name	CASS TEL CO		
<020> Program Year	2018		
<030> Contact Name - Person USAC should contact regarding this of	ata Jennifer Brue		
<035> Contact Telephone Number - Number of person identified in	data line <030> 2174527800 ext.		
<039> Contact Email Address - Email Address of person identified in	n data line <030> jbrue@casscomm.com		
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge	/2017		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
									-
									_
					C4	4 4			
					See at	tached worksheet			
									-
									_
									
									_
			1						

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	10984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

								10	
<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
				- See attacl	ned				
			,	worksheet -					

	erating Companies lection Form		FCC Form 481 OMB Control No. 3060 July 2013	0-0986/OMB Control No. 3060-0819
<010>	Study Area Code		340984	
<015>	Study Area Name		CASS TEL CO	
<020>	Program Year		2018	
<030>	Contact Name - Person	USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jbrue@casscomm.com	
<810>	Reporting Carrier	CASS TELEPONE COMPANY		
<811>	Holding Company	Not Applicable		·
<812>	Operating Company	CASS TELEPHONE COMPANY		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	See att.	ached workshe	et
		Jones Women	70.

	bal Lands Reporting Ilection Form	FCC Form 481 OMB Control No. 3060-0986/OMB (July 2013	Control No. 3060-0819
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
If your	company serves Tribal lands, please select (Yes,No, NA) for each these boxes		
-	irm the status described on the attached PDF, on line 920,		
	strates coordination with the Tribal government pursuant to	Select	
	3(a)(9) includes:	Yes or No or	
		Not Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		340984
<015>	Study Area Name		CASS TEL CO
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line	<030>	2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data line	e <030>	jbrue@casscomm.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	3409	984IL1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		s - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	34098	84IL1030.pdf
			Name of Attached Document

Voice Services Rate Comparability Information for Cass Telephone Company

As evidenced by the data provided on line 700 of FCC Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$47.48) as announced by the Wireline Competition Bureau in April, 2015 (DA 15-470).

340984IL1030

Broadband Services Rate Comparability Information for Cass Telephone Company

As evidenced by the data provided on line 710 of FCC Form 481, the Company's broadband service pricing, for services that meet the Commission's broadband public interest obligations, is no more than the applicable 2016 benchmark announced in the public notice issued by the Wireline Competition Bureau.

-	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 48 OMB Contro July 2013	1 No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code		340984	
<015>	Study Area Name		CASS TEL CO	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data I	ine <030>	jbrue@casscomm.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		340984IL1210.pdf Name of Attache	d Document
<1220>	Link to Public Website	HTTP		
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mus report:	·		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

Description of Lifeline Terms and Conditions

Section 15.3 of Cass Telephone Company's ILL. C. C. No. 10 local service tariff outlines the eligibility requirements and the type and amount of support for their implementation of the Lifeline program.

Section 4.1 of that tariff describes the residential local exchange service to which the Lifeline support is applicable. This service includes unlimited local calling minutes.

Cass Telephone Company offers equal access toll calling for all Lifeline customers through available interexchange carriers (IXCs). The rates, terms and conditions of the toll offerings are made by the IXCs.

Cass Telephone Company's application for Lifeline support is attached.



100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230

217-452-3022 www.casscomm.com 800-508-5405

LIFELINE PROGRAM ENROLLMENT FORM

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless of whether they qualify for Lifeline service.

Customer Informat	<u>ion</u>				
Full Name					
Date of Birth	(MM/DD/YY	YYY) Social Se	ecurity #		
Residential Address:					
	Street	Apt. #	City	State	Zip
Billing Address:					
(if different from abo	ve) Street	Apt. #	City	State	Zip
Address is	Permanent	-	Temporary		
Supplemental Medicaid Supplemental Federal Public Veterans Pens Income Guidelines If you do not particip	igibility Illowing public assistance program Nutrition Assistance Program Security Income (SSI) Housing Assistance ion &/or Survivors Pension ate in any of the programs aboor the amounts shown below, de	(SNAP) ve, you may still	be eligible for Lifeline A		
	come basis. Please indicate th				
Number in household1234567	135% \$16,28 \$21,92 \$27,56 \$33,21 \$38,85 \$44,49 \$50,13	24 57 0 63 66	y Level		
additional me	\$50,13 mbers more than 7, add \$5,64		each additional housel	hold member	

BEFORE THE FEDERAL COMMUNICATIONS COMMISSION PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

PLEASE READ AND INITIAL THE FOLLOWING:

I certify, under penalty of perjury, that:

Lifeline Assistance Customer Signature (Must be the same name as on page one)	
Date:	_
• The information contained in this form is true and correct to the best of my knowledge.	
termination of my household's Lifeline assistance.	-
at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the	
punishable by law. • I understand that I may be required to re-certify my household's eligibility for Lifeline assistance.	Δ
• I understand that providing false or fraudulent information to receive Lifeline assistance is	S
individual, including another eligible low-income consumer.	
• I understand that my Lifeline service is not transferrable. I may not transfer my service to any	y
household is not already receiving a Lifeline service.	,
• Only one Lifeline service benefit is available per household. To the best of my knowledge, my	٧
• I must notify the Company within 30 days if I move to a new address.	
de-enrollment from the program.	1
member of my household is receiving a Lifeline benefit, or for any other reason, my household no longe satisfies the criteria for receiving Lifeline support. Failure to notify the Company may result in penalties and	
based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if anothe	
criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program	
• I must notify the Company within 30 days if for any reason my household no longer satisfies the	
• My household meets the program-based or income-based eligibility criteria indicated above.	
other(s).	
service providers involved may be notified so that I may select one service and be de-enrolled from the	
the Company will deny me Lifeline service. • I understand that if I am identified as receiving more than one Lifeline benefit, all telephone	A
ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent	••
Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to	
Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service	
my social security number; the date on which my Lifeline service was initiated/terminated, the amount o	
including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits o	ſ
 I understand and consent to the Company providing my Lifeline service account information 	i,
 I understand and consent to the Company providing my Lifeline service account information 	1,

(Must be the same name as on page one)

Please mail this completed certification form to:

Cass Telephone Company 100 Redbud Rd Virginia, IL. 62691

EXHIBIT A

ELIGIBLE TELECOMMUNICATIONS CARRIERS LIFELINE PROGRAMS CONSENT FORM

NAME:	
DATE OF BIRTH:	
LAST FOUR DIGITS OF SOCIAL SECURITY NU	MBER:
By my signature below, I further give my tel Department of Human Services whether or of this application and from time to time the	ecommunication carrier permission to verify with the Illinois not I am entitled to public assistance benefits as of the date ereafter.
Signed Name	Date

(2005) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier A Data Collection Form	Additional Documentation	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08
Including Rate-of-Return (Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
•	rier Connect America ICC Support {47 CFR § 54.313(d)}	Г
<2016> Certi	ification support used to build broadband	
Connect Amer	rica Phase II Reporting {47 CFR § 54.313(e)}	
<2017A> Conn	nect America Fund Phase II recipient?	
	I amount of Phase II support, if any, the price cap carrier used for ital expenditures in 2016.	
insti	ach the number, names, and addresses of community anchor itutions to which the carrier newly began providing access to adband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
Inte bro libra libra rece	cipient certifies that it bid on category one telecommunications and ernet access services in response to all FCC Form 470 postings seeking badband service that meets the connectivity targets for the schools and earlies universal service support program for eligible schools and earlies located within any area in a census block where the carrier is seiving Phase II model-based support, and that such bids were at rates usonably comparable to rates charged to eligible schools and libraries in	

urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Certification of Public Interest Obligations {47 CFR §	Ž	Yes - At	tach Certificat	ion 340984IL3010.pdf
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Doc	ument Lis		3409841L3010.par
(3012A)	,	<pre>Information No - No New Community</pre>	Anchors	; ;	
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Doc	ument Lis	sting Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	•	0 '	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	O	•	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ument Lis	sting Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	•	0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			v	
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by				
(3022)	the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been			·	
(0022)	subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Doce Information	ument Lis	sting Required	340984IL3026.pdf

Cass Telephone Company

Rate-of-Return Carrier Broadband Service Certification

The Company certifies it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/2 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – For Public Inspection

Page 1

			Page
(3005a) Operating Report for Privately-Held Rate of Return	Carriers	"我们不是这种的人的人,我们还是不是一个人的人,我们还是一个人的人,我们还是一个人的人,我们还是一个人的人,我们还是一个人的人,我们还是一个人的人,我们还是一个人	ECC Cover 404
Balance Sheet - Data Collection Form			FCC Form 481
			OMB Control No. 3060-0986
THE RESERVE OF THE PARTY OF THE			OMB Control No. 3060-0819
Page 1 of 3			July 2013
<010: Study Area Code		340984	
<015: Study Area Name		Cass Telephone Company	
<020: Program Year		2018	
<030: Contact Name - Person USAC should contact regarding this of	data	Jennifer Brue	
<035> Contact Telephone Number - Number of person identified in	data line <030>	217-452-7800	
<039: Contact Email Address - Email Address of person identified in	n data line <030>	jbrue@casscomm.com	
Filed as reviewed single company			
Filed as reviewed single company Filed as reviewed consolidated company	Н	Filed as audited single company Filed as audited consolidated company	X
Filed as subsidiary of reviewed consolidated company	П	Filed as subsidairy of audited consolidated company	H
We hereby certify that the entries in this report are in accordance	CERTIFICAT	TION	nuladae and haliaf
1 homor hyll	G-26		owiedge and belief.
Signature	Date		
- I grater	PART A. BALAN	ICE SHEET	
ASSETS	BALANCE PRIOR BALANCE END. OF	LIABILTIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR BALANCE END OF
CURRENT ASSETS	d	CURRENT LIABILITIES	
Cash and Equivalents		25. Accounts Payable	
2. Cash-RUS Construction Fund	2	26. Notes Payable	
3. Affiliates:	2	27. Advance Billings and Payments	
a. Telecom, Accounts Receivable	2	28. Customer Deposits	
b. Other Accounts Receivable		29. Current Mat. L/T Debt	_
c. Notes Receivable		30. Current Mat. L/T Debt-Rur. Dev.	_
Non-Affiliates: a. Telecom, Accounts Receivable		Current MatCapital Leases Income Taxes Accrued	_
b. Other Accounts Receivable		Income Taxes Accrued Other Taxes Accrued	_
c. Notes Receivable		34. Other Current Liabilities	
5. Interest and Dividends Receivable	3	35. Total Current Liabilities (25 thru 34)	
6. Material-Regulated	<u>.</u>	LONG-TERM DEBT	
7. Material-Nonregulated	3	36. Funded Debt-RUS Notes	
8. Prepayments	3	37. Funded Debt-RTB Notes	_
9. Other Current Assets		38. Funded Debt-FFB Notes	_
0. Total Current Assets (1 Thru 9)		Funded Debt-Other Funded Debt-Rural Develop. Loan	
NONCURRENT ASSETS		41. Premium (Discount) on L/T Debt	
Investment in Affiliated Companies		42. Reacquired Debt	
a. Rural Development	4	43. Obligations Under Capital Lease	
b. Nonrural Development	4	44. Adv. From Affiliated Companies	
2. Other Investments	4	45. Other Long-Term Debt	
a. Rural Development		46. Total Long-Term Debt (36 thru 45)	_
b. Nonrural Development		OTHER LIAB. & DEF. CREDITS	_
3. Nonregulated Investments		47. Other Long-Term Liabilities	
4. Other Noncurrent Assets		48. Other Deferred Credits 49. Other Jurisdictional Differences	
Deferred Charges Jurisdictional Differences		50. Total Other Liabilities and Deferred Credits (47 thru 49	9)
7. Total Noncurrent Assets (11 thru 16)		EQUITY	
	5	51. Cap. Stock Outstanding & Subscribed	
PLANT, PROPERTY, AND EQUIPMENT	5	52. Additional Paid-in-Capital	
8. Telecom, Plant-in-Service	5	53. Treasury Stock	
9. Property Held for Future Use		54. Membership and Cap. Certificates	
0. Plant Under Construction		55. Other Capital	
1. Plant Adj., Nonop. Plant & Goodwill		56. Patronage Capital Credits	
Less Accumulated Depreciation Net Plant (19 thru 21 less 22)		57. Retained Earnings or Margins 58. Total Equity (51 thru 57)	
3. Net Plant (18 thru 21 less 22)			
4. TOTAL ASSETS (10+17+23)	5	59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)	

REDACTED – For Public Inspection

(3005b) Operating Report for Privately-Held Rate of Return Carriers	FCC Form 481
Income Statement - Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
Page 2 of 3	July 2013

<010: Study Area Code	340984	
<015: Study Area Name	Cass Telephone Company	
<020: Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035> Contact Telephone Number - Number of person identified in data line <030>	217-452-7800	
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	

	PART B. STATEMENTS OF INCOME AND RETAINED EARINGS OR MARGINS		
	ITEM	PRIOR YEAR	THIS YEAR
1.	Local Network Services Revenues		
2.	Network Access Services Revenues		
3.	Long Distance Network Services Revenues		
4.	Carrier Billing and Collection Revenues		
5.	Miscellaneous Revenues		
6.	Uncollectible Revenues		
7.	Net Operating Revenues (1 thru 5 less 6)		
8.	Plant Specific Operations Expense		
9.	Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
0.	Depreciation Expense		
1.	Amortization Expense		
2.	Customer Operations Expense		
3.	Corporate Operations Expense		
4.	Total Operating Expenses (8 thru 13)		
5.	Operating Income or Margins (7 less 14)		
6.	Other Operating Income and Expenses		
7.	State and Local Taxes		
8.	Federal Income Taxes		
9.	Other Taxes		
0.	Total Operating Taxes (17+18+19)		
1.	Net Operating Income or Margins (15+16-20)		
2.	Interest on Funded Debt		
3.	Interest Expense - Capital Leases		
4.	Other Interest Expense		
5.	Allowance for Funds Used During Construction		
6.	Total Fixed Charges (22+23+24-25)		
7.	Nonoperating Net Income		
8.	Extraordinary Items		
9.	Jurisdictional Differences		
0.	Nonregulated Net Income		
1.	Total Net Income or margins (21+27+28+29+30-26)		
2.	Total Taxes Based on Income		
3.	Retained Earnings or Margins Beginning-of-Year		
4.	Miscellaneous Credits Year-to-Date		
5.	Dividends Declared (Common)		
6.	Dividends Declared (Preferred)		
7.	Other Debits Year-to-Date - Distributions		
8.	Transfers to Patronage Capital Patronage or Marrier and of Pariod [(31+33+34)] [(35+36+37+38)]		
9.	Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)] Patronage Capital Beginning-of-Year		
0.	Transfers to Patronage Capital		
1.	Patronage Capital Credits Retired		
3.	Patronage Capital End-of-Year (40+41-42)		
4.	Annual Debt Service Payments		
5.	Cash Ratio [(14+20-10-11)/7]		
6.	Operating Accrual Ratio [(14+20+26)/7]		
7.	TIER [(31+26)/26]		
8.	DSCR [(31+26+10+11)/44]		
0.			

(30	(3005c) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481
Cas	Cash Flow - Data Collection Form		OMB Control No. 3060-0986 OMB Control No. 3060-0819
Рав	Page 3 of 3		July 2013
<010	<010> Study Area Code	340984	
0	<015> Study Area Name	Cass Telephone Company	
<02	<020> Program Year	2018	
<03	<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
403	<035> Contact Telephone Number - Number of person identified in data line <030>	217-452-7800	
03	<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	
	PART C. STATEM	PART C. STATEMENTS OF CASH FLOWS	
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
	CASH FLOWS FROM OPERATING ACTIVITIES	ACTIVITIES	
2	Net Income		
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	ovided by Operating Activities	
w.	Add: Depreciation		
4	Add: Amortization		
5.	Other (Explain)		
	Changes in Operating Assets and Liabilities	Liabilities	
9	Decrease/(Increase) in Accounts Receivable		
7	Decrease/(Increase) in Materials and Inventory		
∞.	Decrease/(Increase) in Prepayments and Deferred Charges		
σ	Decrease/Uncrease) in Other Current Assets		

Beginning Cash (Cash and Equivalents plus RUS Construction Fund) Net Income Adjustment to Recordic Net Income to Net Cash Provided by Operating Activities Add: Depreciation Add: Amontained Add Amontained Changes in Operating Assets and Liabilities Decrease/(Increase) in Advance Billings. Benyments Decrease/(Increase) in Advance Billings. Benyments Increase/(Increase) in Court Liabilities. Decrease/(Increase) in Court Payable Increase/(Increase) in Court Proposits And Cash FLOWS FROM FINANCING ACTIVITIES Decrease/(Increase) in Court Proposits And Cash Elows From Additional Court Capital Increase/(Decrease) in Long From Perposits Add Flows From Increase (Increase) in Cash Elows From Inversional Court Capital Increase/(Decrease) in Long From Perposits And Cash Flows From Increase (Increase) in Cash Elows From Inversional Court Capital Increase/(Decrease) in Long From Elopesity And Increase/(Decrease) in Cash Elows E	Beginning Cash (Cash and Equivalents plus RUS Construction Fund) Not Income Adjustment to Recordie Net Income to Net Cash Provided by Operating Activities Add Depreciation Add Comprication Add Comprication Changes in Operating Activities Changes in Operating Activities Changes in Operating Activities Changes in Operating Activities Decrease/(Increase) in Accounts Receivable Decrease/(Increase) in Accounts Payed Decrease/(Increase) in Accounts Payed Encrease/(Increase) in Accounts Payed Increase/(Increase) in Notes Receivable Increase/(Increase) in Notes Recei		
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ease) in Accounts Receivable ease) in Materials and Inventory ease) in Prepayments and Deferred C ease) in Orler Current Assets ease) in Other Current Assets ease) in Advance Billings & Payments ease) in Advance Billings & Payments ease) in Other Current Liabilities ded/(Used) by Operations ease) in Notes Receivable ease) in Notes Payable ease) in Long Term Debt (Includi ease) in Long Term Debt (Includi ease) in Other Liabilities & Deferred (ease) in Other Liabilities & Deferred of Dividends - Distributions e Capital Credits Retired ded/(Used) by Financing Activities ent Assets & Jurisdictional Difference ded/(Used) by Investing Activities ded/(Used) by Investing Activities	ease) in Accounts Receivable ease) in Materials and Inventory ease) in Prepayments and Deferred C ease) in Orter Current Assets ease) in Other Current Liabilities ease) in Advance Billings & Payments ease) in Other Current Liabilities ded/(Used) by Operations ease) in Notes Receivable ease) in Notes Payable ease) in Long Term Debt (Includises) in Capital Stock, Paid-in Capital of Dividends - Distributions e Capital Credits Retired ded/(Used) by Financing Activities ent Assets & Jurisdictional Difference ded/(Used) by Investing Activities ded/(Used) by Investing Activities ent Assets & Jurisdictional Difference ded/(Used) by Investing Activities		Add: Amortization
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ot (Includii Deferred (in Capital s ctivities & Equipm Ctivities	t (Includii Deferred Cobferred S s ctivities & Equipm Oifference	1	Net Cash Provided/(Used) by Operations
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Other Noncurrent Assets & Jurisdictional Differences - Increase to Patronage Capital Other (Explain) Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Endine Cash	Other Noncurrent Assets & Jurisdictional Differences - Increase to Patronage Capital Other (Explain) Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Ending Cash		Other Long-Term Investments
Other (Explain) Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Endine Cash	Other (Explain) Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Ending Cash		Other Noncurrent Assets & Jurisdictional Differences - Increase to Patronage Capital
Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Endine Cash	Net Cash Provided/(Used) by Investing Activities Net Increase/(Decrease) in Cash Ending Cash		Other (Explain)
Net Increase/(Decrease) in Cash Ending Cash	Net Increase/(Decrease) in Cash Ending Cash		Net Cash Provided/(Used) by Investing Activities
Endine Cash	Ending Cash		Net Increase/(Decrease) in Cash
			Ending Cash



2131 W. White Oaks Dr. • Suite B-1 Springfield, Illinois 62704

> Tel: (217) 679-0904 Fax: (217) 679-0912 Email: dmarlett@twocpas.net scott@twocpas.net www.twocpas.net

INDEPENDENT AUDITOR'S REPORT

REDACTED – For Public Inspection

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> jbrue@casscomm.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	340984			
<015>	Study Area Name	CASS TEL CO			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue			
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual F	Reporting for CAF or LI Recipients							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.								
Name of Reporting Carrier: CASS TEL CO								
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017							
Printed name of Authorized Officer: MIKE REYNOLDS								
Title or position of Authorized Officer: VICE PRESIDENT								
Telephone number of Authorized Officer: 2174527800 ext.								
Study Area Code of Reporting Carrier: 340984 Filing Due Date for this form: 07/	03/2017							
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act c under Title 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment							

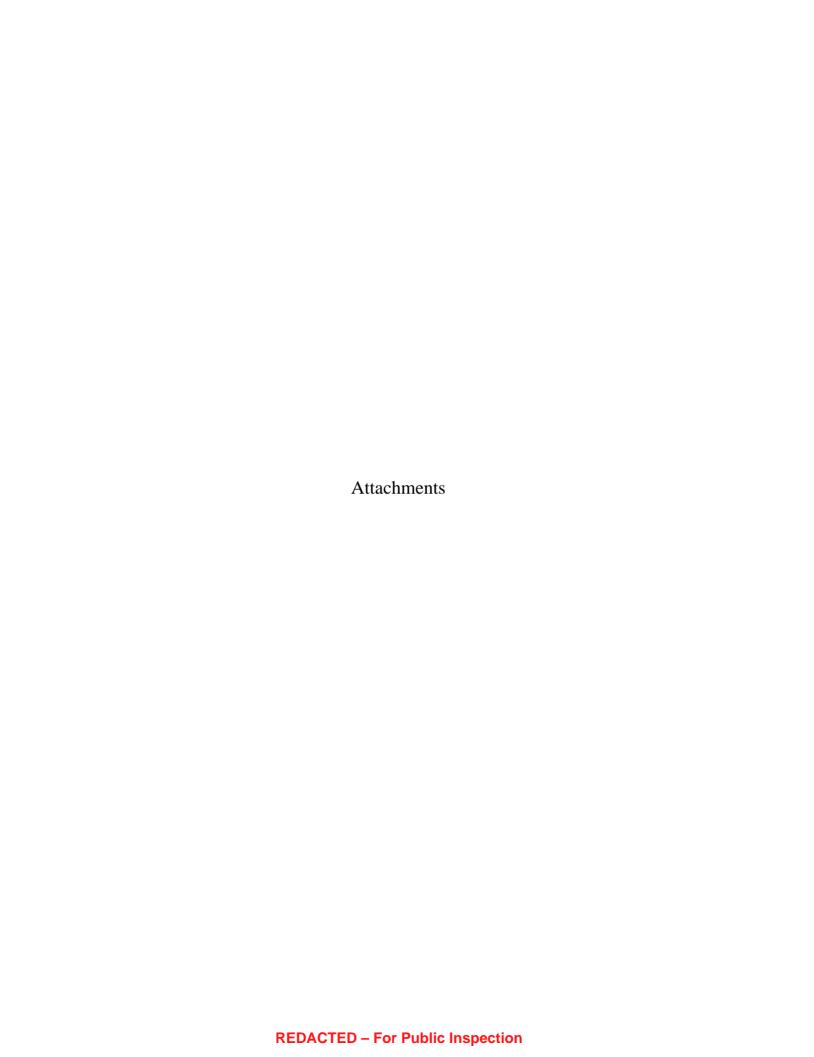
	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carri agent; and, to the best of my knowledge, the reports	is authorized to submit the information reported on behalf of the reporting car y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoridata provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



` '	vice Outage Reporting (Voice) lection Form				FCC Form 481 OMB Control No July 2013	ntrol No. 3060-0819	
<010>	Study Area Code	340984					
<015>	Study Area Name	CASS TEL CO					
<020>	Program Year	2018					
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue					
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.co	m				
<210>	For the prior calendar year, were there any reportable voice service out	ages?	Yes				
<220>	ch15 ch25 ch45 cc15 cc25	<d>.</d>		/ 0>	<i>t</i> 5	(0)	ch>

<220> <a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Star Date	Outage		Outage	Number of Customers Affected	Total Number of	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
	04/13/2016	10:50	04/13/2016	22:47	1547	1547	Yes		No	AT&T fixed fiber	N/A

, ,	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	340984	
<015>	Study Area Name	CASS TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com	
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
_				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
IL	ASHLAND		FR	21.6	0.0	0.0	0.0	21.6
IL	CHANDLERVILLE		FR	21.6	0.0	0.0	0.0	21.6
IL	EASTON		FR	21.6	0.0	0.0	0.0	21.6
IL	VIRGINIA		FR	21.6	0.0	0.0	0.0	21.6
IL	ASHLAND-SAFETY LINE		FR	18.0	0.0	0.0	0.0	18.0
IL	CHANDLERVILLE-SAFETY LINE		FR	18.0	0.0	0.0	0.0	18.0
IL	EASTON-SAFETY LINE		FR	18.0	0.0	0.0	0.0	18.0
IL	VIRGINIA-SAFETY LINE		FR	18.0	0.0	0.0	0.0	18.0
							<u> </u>	

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	IL	ASHLAND	49.95	0.0	49.95	4.0	1.0	999999	Other, N/A
	IL	CHANDLERVILLE	49.95	0.0	49.95	4.0	1.0	999999	Other, N/A
	IL	EASTON	49.95	0.0	49.95	4.0	1.0	999999	Other, N/A
	IL	VIRGINIA	49.95	0.0	49.95	4.0	1.0	999999	Other, N/A

(800) Op	erating Companies		FCC Form 481		
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code		340984		
<015>	Study Area Name		CASS TEL CO		
<020>	Program Year		2018		
<030>	Contact Name - Person U	ISAC should contact regarding this data	Jennifer Brue		
<035>	Contact Telephone Numl	per - Number of person identified in data line <030>	2174527800 ext.		
<039>	Contact Email Address - I	mail Address of person identified in data line <030>	jbrue@casscomm.com		
<810>	Reporting Carrier	CASS TELEPONE COMPANY			
<811>	Holding Company	Not Applicable			
<812>	Operating Company	CASS TELEPHONE COMPANY			

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-	CASS CABLE T.V., INC.		
	GREENE COUNTY PARTNERS		
_	CASS LONG DISTANCE SERVICE, INC.		
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